



# REGISTRATION FORM

## Parent/Legal Guardian Information

Last \_\_\_\_\_ First \_\_\_\_\_ Main Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_ ☐ Cell ☐ Work ☐ Other Email \_\_\_\_\_

Is this a new address? Y N Date of Birth \_\_\_\_\_

## Participant Information (if address is different than above)

Last \_\_\_\_\_ First \_\_\_\_\_ Main Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Is this a new address? Y N Date of Birth \_\_\_\_\_

## Emergency Contact Information

Last \_\_\_\_\_ First \_\_\_\_\_ Main Phone ( ) \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_ ☐ Cell ☐ Work ☐ Other Email \_\_\_\_\_

Relationship \_\_\_\_\_

## Payee Information

Last \_\_\_\_\_ First \_\_\_\_\_

Main Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_ ☐ Cell ☐ Work ☐ Other

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Is this a new address? Y N

Email \_\_\_\_\_

  
**PLEASE COMPLETE OTHER SIDE**

**Special Accommodations:** City of San José Department of Parks, Recreation and Neighborhood Services welcomes individuals with disabilities into programs. Please indicate participant, any medical problems, and describe any accommodations needed for successful inclusion in the program(s). (Allergies, food/medicine/environment, medical conditions, medications, etc.)

Name: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

\_\_\_\_\_



1

Participant Last Name		First Name		Age	Gender M F	Birthdate / /
First Choice			Second Choice			
Course Title	Course Number	Course Fees	Course Title	Course Number	Course Fees	
	.	.		.	.	

2

Participant Last Name		First Name		Age	Gender M F	Birthdate / /
First Choice			Second Choice			
Course Title	Course Number	Course Fees	Course Title	Course Number	Course Fees	
	.	.		.	.	

3

Participant Last Name		First Name		Age	Gender M F	Birthdate / /
First Choice			Second Choice			
Course Title	Course Number	Course Fees	Course Title	Course Number	Course Fees	
	.	.		.	.	

4

Participant Last Name		First Name		Age	Gender M F	Birthdate / /
First Choice			Second Choice			
Course Title	Course Number	Course Fees	Course Title	Course Number	Course Fees	
	.	.		.	.	

**Help Us Help Others** – Youth Activities Grant Fund Donation

Enter amount here



**TOTAL FEES**

**FOR CAMP PARTICIPANTS ONLY**  
**Child Shirt Size (Check One)**
☐ Child M (14-16)
 ☐ Adult S
 ☐ Adult M
 ☐ Adult L
 ☐ Adult XL

☐ Check – payable to City of San José
 ☐ Cash
 ☐ Credit Card



Credit Card Number

Signature

**OFFICE USE ONLY**

Date processed \_\_\_\_\_

Staff signature \_\_\_\_\_

Location \_\_\_\_\_

The Applicant has read the PRNS policies and procedures set forth within in consideration of the application to participate in classes/programs at a City facility or in a City sponsored class/program. Applicant agrees to defend, indemnify and hold harmless City, its officers, agents and employees (collectively referred to hereinafter as "City") from and against any and all claims, demands, causes of action, or liabilities incurred by City arising, in whole or in part, directly or indirectly, from Applicant's acts or omissions in connection with participation in the classes and programs described above, except as may arise from the gross negligence or willful misconduct of City. In any action or claim against City in which Applicant is defending City, the City shall have the right to approve legal counsel providing City's defense and such approval shall not be unreasonably withheld. Applicant further agrees to release City from any and all claims for any damages, including property damage, injury or death occurring or arising out of use of City's property, except as may be caused by the City's gross negligence or willful misconduct.

I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the City of San José may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San José and its services/programs or for educational purpose. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to participate in City events.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_